

TOOLE COUNTY CLERK & RECORDER  
226 1ST STREET SOUTH  
SHELBY MT 59794  
COUNTY APPLICATION

PLEASE READ THESE INSTRUCTIONS CAREFULLY  
WHO CAN ORDER A BIRTH CERTIFICATE?

Only those authorized by 50-15-121 MCA, which included the registrant (14 years old or older), the registrant's spouse, children, parents, or guardian, or an authorized representative, or those who provide documentation showing it is needed for determination or protection of the individuals personal or property rights, proof of relationship, guardianship, or authorization is required may obtain a certified copy of a birth record.

IDENTIFICATION IS REQUIRED

The person signing the request must provide an enlarged legible photocopy of their valid driver's license or other legal picture identification with a signature or the requestor must have this application notarized.

Suggested Identification			
Picture ID with a Signature	OR Two Forms of ID-One MUST have a Signature		OR
<ul style="list-style-type: none"><li>* Driver's License</li><li>* State ID Card</li><li>* Passport</li><li>* Military ID Card</li><li>* Tribal</li></ul>	<ul style="list-style-type: none"><li>* Social Security Card</li><li>* Work ID Card</li><li>* Car registration/Insurance</li><li>* Doctor/Medical record</li><li>* Fishing License</li><li>* US Military DD214</li><li>* Utility Bill with a current address</li><li>* Voter Registration Card</li></ul>	<ul style="list-style-type: none"><li>* Credit/Debit/ATM Card</li><li>* School ID Card</li><li>* Library Card</li><li>* Insurance Record</li><li>* Pay Stub</li><li>* Traffic/Pawn ticket</li><li>* Court record</li><li>* Year Book</li></ul>	<ul style="list-style-type: none"><li>* Notorized Montana Office of Vital Statistics Statement to Identify Certified Birth or Death Certificate Applicant form (you must provide the original letter, not a photocopy or faxed copy)</li><li>* Have an authorized family member that has an ID order the certificates</li></ul>

If a picture ID with a signature is not available, two other forms of identification are required; one MUST have a signature. Please include photocopies of both sides of the ID when mailing your request.

**IMPORTANT:** If an acceptable identification is NOT enclosed, or in lieu of identification your application is not notarized, or if the application is incomplete, your request will be returned and significant delays in processing your order may occur.

FEE (All fees must be U.S. funds)

- \* CERTIFIED COPIES OF A BIRTH CERTIFICATE cost \$5.00 for each copy. (non-refundable)
- \* INFORMATIONAL COPIES OF A BIRTH CERTIFICATE may be issued to anyone as long as the birth occurred 30 years prior to the date of the application, cost is \$2.00. (non-refundable)

Please complete the following information.

FULL First, Middle and Last Name on Birth Certificate: \_\_\_\_\_

Has name ever been changed other than marriage \_\_\_ NO \_\_\_ Yes if so original name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City or County): \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Your relationship to the certificate holder: \_\_\_\_\_ (self,mother,father, etc...)

Reason the Birth Certificate is needed: \_\_\_\_\_ # of copies \_\_\_\_\_

Mailing or Delivery Address:

Name: \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

NOTARY

\_\_\_\_\_ personally appeared before me and whose identity I proved on the basis of satisfactory evidence to be the signer of the above instrument.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Printed Name: \_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_  
Residing at \_\_\_\_\_ My commission expires \_\_\_\_\_

NOTICE: STATE LAW PROVIDES PENALTIES FOR PERSONS WHO WILLFULLY AND KNOWINGLY USES OR ATTEMPTS TO USE OR FURNISH TO ANOTHER FOR USE, FOR ANY PURPOSE OF DECEPTION, ANY CERTIFICATE, RECORD, REPORT OR CERTIFIED COPY MADE, ALTERED, AMENDED, OR MUTILATED. (50-15-114@, MCA)